



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
MOTOR FUEL TAX ADMINISTRATION
OFFICE OF PUBLIC CARRIER REGULATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

CERTIFICATE NUMBER:

APPLICATION FOR AMENDMENT OF CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY

PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS REGISTRATION FORM. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Legal name of applicant:

2. Trade name, if different from legal name:

3. DOT and Certificate Number:

4. Primary physical business location address (Not P.O. Box):

Street:

City:

State:

Zip Code:

5. Mailing address (if different from business location):

Street or P. O. Box:

City:

State:

Zip Code:

6. Location of records (if different from business location):

Street:

City:

State:

Zip Code:

7. Federal employer identification number or individual proprietor's SSN:

8. Telephone number: - -

Fax number: - -

9. Nature of Amendment: Increase in Vehicle(s) ☐ Change in Rates ☐ Change in Route ☐

Change in Taxi Medallions Held: Increase ☐ Decrease ☐

Current Number: _____ Additional Number Requested: _____ Number to Return/Sell: _____

Change in Operational Authority ☐

Current Authority: (check all that apply)

New Castle ☐ Kent ☐ Sussex ☐

Requested Additional Authority: (check all that apply)

New Castle ☐ Kent ☐ Sussex ☐

Name Change ☐ Current company name: _____

Intended company name: _____

Does this involve a change in the company's Business Type (Individual, Partnership, Limited Liability Corporation, Corporation), and/or Federal Employer Identification Number? Yes ☐ No ☐

(if "Yes", a new application, not an amendment application, must be completed)

Other (please identify reason for amendment request): _____

**APPLICATION FOR AMENDMENT OF CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY
(CONTINUED)**

10. **Added Vehicles:** Please provide detailed information regarding the vehicles to be added as part of this application.

| <u>Year</u> | <u>Make</u> | <u>Model</u> | <u>Vehicle ID # (VIN)</u> | <u>Passenger Capacity</u> |
|-------------|-------------|--------------|---------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PLEASE NOTE: IF THE COMPANY IS ALREADY IN POSSESSION OF ANY/ALL OF THE ABOVE VEHICLES, IT IS ILLEGAL TO OPERATE THESE VEHICLES AS A PUBLIC CARRIER WITHOUT AN APPROVED AMENDMENT TO THE EXISTING CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY!

Please submit copies of the registration cards for above vehicles already in possession, and/or a purchase quotation document from the individual/company you intend to purchase the vehicle(s). Please label the set of documents as "Attachment A".

11. **Deleted Vehicles:** Please provide detailed information regarding the vehicles to be deleted from the existing fleet as part of this application.

| <u>Year</u> | <u>Make</u> | <u>Model</u> | <u>Vehicle ID # (VIN)</u> | <u>Passenger Capacity</u> |
|-------------|-------------|--------------|---------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please state the reason(s) for removal of the vehicle(s):

| |
|--|
| |
| |
| |
| |
| |

**APPLICATION FOR AMENDMENT OF CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY
(CONTINUED)**

12. **Lease Agreement:** Please complete the following if your vehicles will be leased to others:

Lessee Name

Address

Telephone #

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If approved, and you have lease arrangements, you will be required to submit all lease agreements to the Office of Public Carrier Regulation.

13. **Driver Listing:** Please provide the names of the individuals intended to be drivers for the company:

Driver Name

Date of Birth

Driver's License Number:

Telephone #

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have any of the intended drivers, individuals, partners, officers or employees of the company ever been convicted of a felonious or infamous crime involving fraud or deceit? Yes ☐ No ☐

BACKGROUND CHECKS: ALL DRIVERS (AND INDIVIDUALS/PARTNERS/OFFICERS) OF THE COMPANY MUST HAVE A CRIMINAL BACKGROUND CHECK COMPLETED BY THE STATE BUREAU OF INVESTIGATION OF DELAWARE, AS WELL AS THEIR CURRENT STATE OF RESIDENCE, AS PART OF THIS APPLICATION. Please submit ALL background check documents with this application, and label the set of documents as "Attachment B".

IT IS A VIOLATION TO ALLOW UNAUTHORIZED DRIVERS TO OPERATE PUBLIC CARRIER VEHICLES!

**APPLICATION FOR AMENDMENT OF CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY
(CONTINUED)**

14. **Rates:** Please provide a listing of the proposed changes to the rates to be charged to customers. This rate document is to be typed, and on company letterhead. It must clearly identify the information that a customer needs to determine the charge for transport to and from a particular destination. **Please label this document as “Attachment C”.** Once established, upon approval of Certificate issuance, the rates CANNOT be changed again, unless a formal request for rate change is received by the Office of Public Carrier Regulation, and the rate change is approved, either through Administrative Review, or upon completion of a hearing (if a formal Notice of Intervention is filed by another party.)

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 15. Does the company maintain daily or weekly travel logs? If yes, please submit copies of the companies latest 30 days of activity. | YES | NO |
| 16. Does the company maintain daily or weekly maintenance logs? If yes, please submit copies of the companies latest 30 days of activity. | YES | NO |

17. **Change to Route:** Fixed-Route Carriers: Please provide a map or maps showing present and proposed routes and schedules. **Please label this set of documents as “Attachment D”.**

Change to Route Type:

| | |
|---------------------------------------------------------|-------------------------------------------------------------|
| Current Type: Regular (Fixed) <input type="checkbox"/> | Irregular (determined by customer) <input type="checkbox"/> |
| Proposed Type: Regular (Fixed) <input type="checkbox"/> | Irregular (determined by customer) <input type="checkbox"/> |

18. **Change to Number of Taxicab Medallions Owned:**

Increase of Medallions:

Is this proposed increase caused by the purchase of existing medallions from another company? Yes ☐ No ☐

If “Yes”, please identify the selling company: _____

NOTE: POSSESSION OF THESE MEDALLIONS WILL NOT BE AUTHORIZED BY THE OFFICE OF PUBLIC CARRIER REGULATION UNLESS THE COMPANY SELLING THE MEDALLIONS ALSO COMPLETES AN AMENDMENT APPLICATION OR TRANSFER APPLICATION!

If “No”, applicant must prove why the issuance of one or more NEW medallions from the Office of Public Carrier Regulation is warranted.

2 Del C. Ch. 18 §1802(e)(1)(a): The proposed operations will serve a useful public purpose, a useful public necessity and a useful public convenience responsive to a public demand. The applicant must satisfactorily present written evidence that the applicant’s current operations, and existing Public Carriers, are not able to

meet

demands for Public Carrier service by the public. This requirement is satisfied through the presentation of petitions, surveys, requests for service from Medicaid providers, demographic trend surveys, or other documents that clearly identify that a public demand exists, **and that the applicant’s current operations, and existing Public Carriers are unable to meet the demand.** Verbal or written statements by the company applying for a Certificate of Public Convenience and Necessity, in and of itself, are insufficient without supporting documentation.

Please label all applicable documents as “Attachment E”.

Decrease of Medallions: Please state why the number of medallions is being reduced.

those
medallions, the applicant will not be able to acquire additional medallions from the Office of Public Carrier Regulation.

If the applicant is reducing the number of medallions for business reasons, and intends to obtain additional medallions at a later date, those medallions CANNOT be sold or transferred, and must be returned to the Office of Public Carrier Regulation.

**APPLICATION FOR AMENDMENT OF CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY
(CONTINUED)**

19. Change to Operational Authority: Please provide a valid reason for the proposed expansion of your current operating territory.

20. Other Reasons for Amendment Request: Please provide a valid reason for the proposed amendment (if it is different from the other amendment reasons provided in this application).

21. Have all persons employed by/involved with the company named in this application, and therefore responsible for Public Carrier activities conducted by this company, read and understood the Public Carrier Law as it pertains to Public Carrier requirements (2 Del C. c. 18), and do these persons understand ALL of its provisions? Yes ☐ No ☐

NOTE: Once signed below, ignorance of the laws, rules or regulations by any person employed by your company will not absolve your company of the responsibilities of complying with said laws, rules and regulations.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Authorized Name (Please Print)

Authorized Signature

Authorized Individual Title

Date of Application

CPCN APPLICATION CHECKLIST(AMENDED APPLICATIONS)

Please be sure all items on the checklist below are included when your application is submitted to DelDOT. Failure to submit all required information will result in the application being returned to you.

- 1) ____ Are all questions (#'s 1 – # 21) completed on the Application
- 2) ____ Is the application notarized
- 3) ____ Attached copy of Prothonotary registration (if applicable) (#5(a).
- 4) ____ Attached copy of Incorporation of Partnership papers (if applicable (#5(b)(c).
- 5) ____ Attached copy of map of territory to be served, or written “statewide” in #6(b).
- 6) ____ If applying as a limousine, list fixed termini in #6(c).
- 7) ____ Attached rate schedule (#11)
- 8) ____ Attached copies of vehicle registrations (#14), or a conditional sales contract (#7) if vehicles have not been purchased.
- 9) ____ Attached certificate of commercial insurance, listing DelDOT as a Certificate Holder, with the coverage limits outlined in Title 2, Del.Code, Chapter 18, Section 1802(p) (#15(a)) or a letter of intent to insure from an agency licensed to do business in the State of Delaware showing the minimum liability coverage's.
- 10) ____ Attached current or application of Delaware Business License.
- 11) ____ Attached check for filing fee of \$75.00 made payable to The Department of Transportation (DelDOT).
- 12) ____ Attached list of drivers, including driver's license number, name and date of birth.
- 13) ____ Attached copy of Background check.
- 14) ____ If applicable copy of last 30 days of maintenance & logs sheets.
- 15) ____ Attached a statement of useful Public Service (#15 Attachment C)